Appendices

Representations & Certifications: http://orca.bpn.gov

APPENDIX 1 – CONFERENCE OR SYMPOSIUM SUPPORT INSTRUCTIONS

A. Conference or Symposium Support requests should be submitted electronically via NBACC **CONFERENCE OR SYMPOSIUM SUPPORT FORM, located at** www.usamraa.army.mil/pages/tatrc/NBACCconf.cfm.

Note: Funds will not be provided to reimburse scientists from communist and terrorist countries.

1. Requestor's Full Name, Address, City, State, Zip, E-mail, FAX and Daytime telephone number.
2. Requesting Organization's Full Name, Address, City, State, Zip, E-mail, FAX and telephone number.
3. Conference/Symposium Title (Limited to 120 characters)
4. Start and End Dates of Conference/Symposium
5. City, State and County Where Conference/Symposium will be held.
6. Explanation of Conference and/or benefits/relevance to the mission of NBACC
7. Amount of Funds Requested
8. Explanation of funds:
   (a) Travel expenses of US participants
   (b) Printing costs (Proceedings, etc.)
9. Include an agenda/tentative program as well as a list of invitees/speakers and their organizations and countries
10. Include Curriculum Vitae (CV) of Chairperson and Co-chairperson, if available.

B. Questions regarding the NBACC BAA can be faxed to 301-682-3662 or emailed to **NBACC_BAA@NBACC.net**

APPENDIX 2 – PREPROPOSAL INSTRUCTIONS

A. Preproposals should be submitted electronically via the NBACC PREPROPOSAL FORM located at www.usamraa.army.mil/pages/tatrc/NBACCPP.cfm.

Note: Funds will not be provided to reimburse scientists from communist and terrorist countries.

1. Principal Investigator's Full Name, Address, City, State, Zip, E-mail, FAX and Daytime telephone number.
2. Organization's Full Name, Address, City, State, Zip, E-mail FAX and Daytime telephone number.
3. Preproposal Title (Limited to 120 characters).
4. Six - Eight Keywords
5. Problem to be Studied/Goals and Objectives
6. Significance and/or Uniqueness of the Proposed Effort
7. The Potential NBACC Relevance
8. Proposed Duration of the Project in Years and Months
9. The total estimated cost of the research project, inclusive of direct and indirect costs.
10. Names, Title, Roles and Percent of Effort of Participating Personnel.
11. Itemized List of Major Capital Equipment/Subcontracts > $10K (If Known)
12. Brief Description of Animal and Human Use
13. Conclusions
14. Brief Curriculum Vitae (CV) for PI & Key Personnel
15. List of relevant publications (do not include a copy of the publications).

B. Questions regarding the NBACC BAA can be faxed to 301-682-3662 or emailed to **NBACC_BAA@NBACC.net**.

APPENDIX 3 – PROPOSAL COVER PAGE

A completed Research Proposal Cover Page must be the first page of the full proposal. The Cover Page must contain the information listed below. A suggested format is provided.

1. Log Number. If a preproposal was submitted, enter the log number that was assigned to the preproposal. If a preproposal was not submitted, leave this block blank.
2. Name and Address of Offeror: The full name and address of the organization or institution submitting the proposal should be supplied for this item.
3. Proposal Title: Insert title of research proposal not to exceed 120 characters.
4. BAA Area(s) of Interest or Title of BAA Supplement: Enter the title of the area of the interest described in the BAA or the BAA Supplement (NBFAC, BTCRPPC) under which the proposal is being submitted.
5. Estimated Cost: Total cost to complete research effort (including direct and indirect costs).
6. Proposed Start Date: Earliest date principal investigator believes work could begin (at least six months from the submission date).
7. Proposed Duration: Number of years to complete research effort and complete final reports.
8. Proposal Valid Until: Allow a minimum of six months from the date of submission.
9. Principal Investigator's Organization: the name of the organization where the PI is employed.
10. Principal Investigator's Information: name, address, email, phone and fax.
11. Administrative Representative's Information: name, address, email, phone and fax.
12. Alternate Principal Investigator Information: name, phone and email.
13. Alternate Administrative Representative Information: name, phone and email.
14. Authorized Representative's Information: name, title, signature and date.

APPENDIX 3 – PROPOSAL COVER PAGE

RESEARCH PROPOSAL COVER PAGE

1. Log No.:		PROPOSAL COVER PAGE	
2. Name and Address of Offeror:			
3. Proposal Title:			
4. BAA Area(s) of Interest or Title of BAA Supplement			
5. Total estimated Cost: $	6. Proposed Start Date:	7. Proposed Duration	8. Proposal Valid Until:
9. Principal Investigator's Organization:			
10. Principal Investigator's Name and Address:		11. Admin. Representative Name and Address:	
Email:		Email:	
Phone No.:		Phone No.:	
FAX No:		FAX No:	
12. Alternate's Name:		13. Alternate's Name:	
Alternate's Phone No:		Alternate's Phone No:	
Alternate's Email:		Alternate's Email:	
14. Authorized Representative:			
Typed Name:		Signature:	
Title:		Date Signed:	

NOTHING ON THIS PAGE IS PROPRIETARY INFORMATION

APPENDIX 4 – PROPOSAL ABSTRACT

A completed Technical Abstract must be the second page of each copy of the proposal. A sample is located at www.usamraa.army.mil/pages/nbacc_baa/baa_05_2.cfm.

The Abstract must include the information listed below. A suggested format is also provided.

1. Proposal Title (120 characters maximum)

2. Keywords. 6-8 words.

3. Abstract. Approximately 200 words. Nothing on this page should be proprietary or subject to other restrictions on distribution for evaluation purposes.

APPENDIX 4 – PROPOSAL ABSTRACT

Proposal Title: *(120 Characters Maximum)*
Keywords: *(6-8 words)*
Abstract: (Type within outline: approximately 200 words)

NOTHING ON THIS PAGE IS PROPRIETARY INFORMATION

APPENDIX 5 – PROPOSAL TABLE OF CONTENTS

A. Research Proposal Cover Page
B. Proposal Abstract
C. Table of Contents (with pagination)
D. Statement of Work
E. Body of Proposal
F. Detailed Cost Estimate
G. Addenda
    1. Acronym/Symbol Definition
    2. Biographical Sketch
    3. Personnel Curriculum Vitae
    4. Existing/Pending Support
    5. Letter Confirming Collaboration
    6. Facilities/Equipment Description
    7. Certificate of Environmental Compliance
    8. Human Use
        a. Optional Form 310, Protection of Human Subjects
        b. Human Use Documentation (32CFR 219 and 45 CFR 46)
        c. Copy of all protocols and consent forms
        d. Documentation of Local Institutional Review Board Review and Approval
    9. Animal Use
        a. Justification for animal/species use
        b. AAALAC approval or compliance with PHS and Federal
        c. Current approval letter/minutes from local Institutional Animal Care and Use Committee
        d. Assurance signed by the Principal Investigator
    10. Representations & Certifications: http://orca.bpn.gov

NOTHING ON THIS PAGE IS PROPRIETARY INFORMATION

APPENDIX 6 – DETAILED COST ESTIMATE

PRINCIPAL INVESTIGATOR (last, first, middle):							
DETAILED BUDGET FOR YEAR *:	☐ 1ST	☐ 2ND	☐ 3RD	☐ 4TH	☐ 5TH	FROM	THROUGH

PERSONNEL					DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT	TYPE APPT. (MONTHS)	ANNUAL BASE SALARY	EFFORT ON PROJECT	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	PI			%			
				%			
				%			
				%			
				%			
				%			
				%			
SUBTOTALS							

CONSULTANT COSTS	
MAJOR EQUIPMENT (ITEMIZE)	
MATERIALS, SUPPLIES AND CONSUMABLES (ITEMIZE BY CATEGORY)	
TRAVEL COSTS	
RESEARCH-RELATED SUBJECT COSTS	
OTHER DIRECT COSTS (ITEMIZED BY CATEGORY)	
SUBTOTAL OF DIRECT COSTS FOR THIS BUDGET PERIOD	
CONSORTIUM/ SUBAWARD COSTS – DIRECT COST	
CONSORTIUM/ SUBAWARD COSTS – INDIRECT COST	
TOTAL DIRECT COST FOR THIS BUDGET PERIOD	
TOTAL INDIRECT COSTS FOR THIS BUDGET PEIROD	
TOTAL DIRECT + INDIDRECT COSTS FOR THIS BUDGET PERIOD	
FIXED FEE (If applicable)	
TOTAL COSTS AND FIXED FEE	

***USE SEPARATE FORM FOR EACH BUDGET YEAR.**

APPENDIX 6 – DETAILED COST ESTIMATE

Principal Investigator (last, first, middle):						
SUMMARY BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT						
BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD	ADDITIONAL YEARS OF SUPPORT REQUESTED				TOTAL
		2ND	3RD	4TH	5TH	
PERSONNEL						
FRINGE BENEFITS						
CONSULTANT COSTS						
MAJOR EQUIPMENT						
MATERIALS, SUPPLIES, AND CONSUMABLES						
RESEARCH-RELATED SUBJECT COSTS						
OTHER DIRECT COSTS						
TRAVEL COSTS						
SUBTOTAL DIRECT COSTS						
CONSORTIUM/ SUBAWARD COSTS – DIRECT						
CONSORTIUM/ SUBAWARD COSTS – INDIRECT						
SUBTOTAL						
TOTAL INDIRECT COSTS						
TOTAL COST FOR EACH YEAR						*
FIXED FEE FOR EACH YEAR						
TOTAL COST (INCLUDING FEE)						**

** This amount should agree with the amount entered in block 12 on the Research Proposal Cover Sheet.*

***For Commercial Organizations requesting a fee, this amount should agree with the amount in block 12 on the Research Proposal Cover Sheet.*

APPENDIX 6 – DETAILED COST ESTIMATE

NOTE: Itemize all budget categories for each year on the *Justification* page, which follows. Follow Section E, Detailed Cost Estimate under Proposal Preparation in preparing your justification. Use continuation pages as needed.

APPENDIX 7 – BIOGRAPHICAL SKETCH

Provide the following information for the key personnel listed on the budget page.			
NAME	POSITION TITLE		
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include post-doctoral training).			
INSTITUTION AND LOCATION	DEGREE (IF APPLICABLE)	YEAR (S)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order, previous employment, experience and honors. Include present membership on any Federal Government public advisory committee. List in chronological order, the titles, all authors and complete references to all publications during the past 3 years and to representative earlier publication pertinent to this application. If the list of publications in the last 3 years exceeds 2 pages, select the most pertinent publications. PAGE LIMITATIONS APPLY. DO NOT EXCEED 3 PAGES FOR THE ENTIRE BIOGRAPHICAL SKETCH PER INVESTIGATOR.

APPENDIX 7 – BIOGRAPHICAL SKETCH

RESEARCH AND PROFESSIONAL EXPERIENCE (CONTINUED). PAGE LIMITATIONS APPLY.
DO NOT EXCEED 3 PAGES FOR THE ENTIRE BIOGRAPHICAL SKETCH PER INVESTIGATOR.

APPENDIX 8 – CERTIFICATE OF ENVIRONMENTAL COMPLIANCE

The Certificate of Environmental Compliance should be executed by the institution's official responsible for environmental compliance. The Council on Environmental Quality (CEQ) regulations (40 CFR 1500-1508) that implement the National Environmental Policy Act (PL 91-190, as amended) require all federal agencies to examine possible environmental consequences of their proposed and ongoing actions. The U.S. Army Medical Research and Materiel Command (USAMRMC) examines all medical research and development projects, whether inside or outside the United States, for their potential environmental impacts.

Research proposals that include work at multiple institutions (to include subcontractors) must submit at Certificate of Environmental Compliance for each institution.

Certificate of Environmental Compliance

The institution currently ____ IS ___ IS NOT (check appropriate category) in compliance with applicable national, state, and local environmental laws and regulations. (If not in compliance, attach details and evidence of approved mitigation measures.) The offeror has examined the activities encompassed within the proposed action for compliance with environmental laws and regulations.

Proposal Title:

_____

_____

Principal Investigator: _____

The offeror states that the conduct of the proposed action:

1. WILL NOT violate any applicable national, state, or local environmental law or regulation, and

2. WILL NOT have a significant impact on the environment.

The offeror agrees that if the work required under the proposed action at any time results in a significant impact on the environment or a violation of any applicable environmental law or regulation, the offeror will immediately take appropriate action, to include notifying and/or coordinating with the appropriate regulatory agencies as required by law and notifying the Grants Officer.

_____

Name and Title of Official Responsible for Environmental Compliance (Printed)

_____ _____

Signature Date

_____

Name of Organization

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

This appendix contains an explanation of the required review and approval process for research involving human subjects and/or human anatomical substances (including human organs, tissues, cells, body fluids from human subjects as well as graphic, written, or recorded information derived from human subjects). Specific guidelines are subject to change as governing regulations, policies, and procedures are updated. Consult "Protocol Submission Guidelines" at https://mrmc.detrick.army.mil/crprcqhspd.asp. For additional information and updates.

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APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

1. Introduction

In 1991, the Department of Defense (DOD), together with 15 other federal agencies, adopted regulations that are known collectively as the Common Federal Rule. These regulations embody the ethical principles of the Belmont Report. Title 32 Code of Federal Regulations Part 219 (32 CFR 219), "Protection of Human Subjects," and 45 CFR 46, Subparts B, C, and D, ("Research Involving Fetuses, Pregnant Women, and Human *In vitro* Fertilization"; "Research Involving Prisoners as Subjects"; and, "Protections for Children" respectively) apply to all research involving human subjects conducted or supported by the DOD. The Department of Health and Human Services (DHHS) National Institutes of Health (NIH) corollary for 32 CFR 219 is 45 CFR 46, Subpart A.

2. Definitions

2-a. Research

In the Common Federal Rule, research is defined as " . . . a systematic investigation, including research development, testing and evaluation designed to develop or contribute to generalizable knowledge" (32 CFR 219.102). Activities that meet this definition constitute research for purposes of this policy, whether they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

The FDA defines clinical investigation as " . . . any experiment in which a drug is administered or dispensed to, or used involving, one or more human subjects" (21 CFR 312.3). This definition applies to research involving the use of FDA-regulated products.

2-b. Human Subjects

In the Common Federal Rule, a human subject is defined as "a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information" (32 CFR 219.102).

The FDA defines a human subject as "an individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy individual or a patient" (21 CFR 312.3).

2-c. Human Anatomical Substances (and Privileged or Protected Health Information)

The Common Federal Rule applies to the use of human organs, tissues, cells, or body fluids from individually identifiable human subjects and graphic, written, or recorded information derived from individually identifiable human subjects.

2-d. Human Cadavers

Although the Common rule defines a human subject as a living individual, the USAMRMC and the Human Subjects Research Review Board (HSRRB) both have policies that require IRB review of research involving human cadavers. Review and approval by the HSRRB is required prior to implementation of any research involving human cadavers. Refer to the policies listed on the Office of Research Protections (ORP) website for requirements for cadaver protocols (https://mrmc.detrick.army.mil/crprcqhspd.asp).

3. Office of Research Protections

3-a. Review Levels for DOD-Sponsored Research

In addition to first level of review and approval by the local Institutional Review Board (IRB), a second level of review and approval is required for DHS-sponsored research when the funding of such research is managed by the U.S. Army

Medical Research Acquisition Activity (USAMRAA). If a research proposal is recommended for funding and the research involves human subjects, human anatomical substances, or privileged or protected health information, a research protocol must be submitted to the Human Research Protections Office (HRPO), Office of Research Protections (ORP), USAMRMC, for review and approval. ORP approval must be obtained prior to initiation of research.

For DHS-sponsored research for which there is no local IRB, the Human Subjects Research Review Board (HSRRB) may serve as the IRB of Record for review and approval. The HSRRB is functionally similar to a civilian IRB. The HSRRB is administratively supported by the ORP, USAMRMC.

If a claim of exemption is submitted, an administrative review of the proposal/protocol will be performed to make a determination of exempt status.

If the local IRB has made an assessment that the proposed research is no greater than minimal risk (NGTMR) and the research is eligible for expedited review, the Acting Chair of the HSRRB will review the protocol through an expedited review procedure. If the Acting Chair deems the protocol ineligible for expedited review, it will receive a full HSRRB review at a convened Board meeting.

If the local IRB has made an assessment that the proposed research is greater than minimal risk (GTMR), the protocol will receive a full HSRRB review. The protocol must be submitted through the Human Research Protections Office, Office of Research Protections, to the HSRRB for full review and approval prior to initiation of the research.

3-b. Timelines and Outcomes

Initial feedback from the Human Research Protections Office is provided to the Principal Investigator (PI) after submission of a protocol packet. If full HSRRB review is required, a complete submission packet (documents and content) must arrive in ORP at least four weeks prior to the scheduled HSRRB meeting. A schedule of meeting dates and submission deadlines can be found at the ORP website. After the protocol is approved, any revisions to the protocol, consent form, advertisements, questionnaires, or other related study documentation must be submitted through the local IRB to the HSRRB for approval prior to implementation. A change to the Principal Investigator (PI) is considered a revision to the protocol. The Surgeon General (TSG) of the U.S. Army must approve the recommendations of the HSRRB. The HSRRB will make one of the following recommendations to TSG:

Approval. The protocol should be approved without further revisions.

Conditional Approval. Approval of the protocol is contingent upon revisions being made and/or additional information being provided. The PI should address the Board's recommendations and submit a revised protocol and related documents to the Acting Chair, who can approve the revised protocol when all of the Board's recommended revisions and requests for additional information have been adequately addressed.

Disapproval. A protocol is not approved when there are substantive concerns about the conduct of the protocol and/or safety of the subjects. The PI should address the Board's recommended revisions and requests for additional information and submit a revised protocol and related documents to the Acting Chair for review at another convened meeting of the HSRRB.

Deferral. A protocol may be deferred or tabled for action at another meeting when there is a lack of sufficient information to make a more definitive recommendation.

3-c. Multi-site Protocol Review

For multi-site protocols involving the use of human subjects, the protocol and consent form for the primary site are first reviewed and approved by expedited or full Board review as appropriate. If the same protocol used by the primary site will be used at each of the other sites, each site-specific consent form can receive expedited review after review and approval of

the protocol and consent form for the primary site. In addition, all domestic and foreign sites are required to assure compliance with the federal policy for the protection of human subjects. If an awardee institution or any of the collaborating sites does not have an assurance number, such as a Multiple Project Assurance (MPA) or Federal Wide Assurance (FWA) with the DHHS Office for Human Research Protections, then a FWA must be obtained, or an application for a DOD single project assurance (SPA) must be completed by each site that does not have an assurance and the application must be submitted to the Acting Chair, HSRRB. Refer to part 13, "Assurances" in this appendix for further details regarding submission of an SPA application.

4. Claim of Exemption

4-a. Approval of Exempt Status for Research Involving Human Subjects or Anatomical Substances

Certain categories of research are exempt from review by the ORP in accordance with federal guidelines. If your research fits in one or more of these categories, you may request exempt status for your protocol. Your protocol and Claim of Exemption form will be reviewed to evaluate your claim of exemption.

4-b. Exempt Categories

The following list, taken from 32 CFR 219.101, details the exemption categories.

1. Research conducted in established or commonly accepted educational settings involving normal educational practices, such as:

a. Research on regular and special education instructional strategies, or

b. Research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, unless:

a. Information obtained is recorded in such a manner that human subjects can be identified directly or through identifiers linked to the subjects; and

b. Any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph 2 of this section, if:

a. The human subjects are elected or appointed public officials or candidates for public office, or

b. Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

4. Research involving the collection or study of existing data, documents, records, pathological specimens or diagnostic specimens, if these sources are publicly available of if the information is recorded by the investigator in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.

5. Research and demonstration projects that are conducted by or subject to the approval of Department or Agency heads, and that are designed to study, evaluate, or otherwise examine:

a. Public benefit or service programs,

b. Procedures for obtaining benefits or services under those programs,

c. Possible changes in or alternatives to those programs or procedures, or

d. Possible changes in methods or levels of payment for benefits or services under those programs.

6. Taste and food quality evaluation and consumer acceptance studies,

a. If wholesome foods without additives are consumed, or

b. If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

4-c. Claiming Exemption

Investigators who believe that their protocol is exempt from review should submit (1) a completed Claim of Exemption Form and (2) documentation from the local IRB stating that the protocol has been determined to be exempt. If human anatomical substances are being used, a copy of the consent form that was used with subjects when the anatomical substances were initially obtained for use in research should be provided. This consent form should demonstrate that subjects consented to the use of their donated samples in the type of research being conducted. Additional information may be requested (e.g. survey tools, etc) depending upon the category of exemption requested.

5. Minimal Risk Research

5-a. Approval of NGTMR Research Involving Human Subjects or Human Anatomical Substances

Minimal risk is defined as "the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical and psychological examinations or tests" in 32 CFR 219.102(i). If the research protocol is assessed as minimal risk in accordance with this definition and regulation, it can be approved by expedited review if the study involves one of the research categories that qualifies for expedited review, as listed in the Federal Register, Notices, Vol. 63, No. 216, dated November 9, 1998. Following is a brief synopsis of these categories:

1. Clinical studies of drugs for which an Investigational New Drug (IND) application is not required or of medical devices for which an Investigational Device Exemption (IDE) application is not required or the medical device has been cleared/approved for marketing and the device is being used for its cleared/approved labeling.

2. Collection of blood samples by finger, heel or ear stick, or by venipuncture, in healthy non-pregnant adults who weigh at least 110 pounds where the amount of blood drawn does not exceed 550 mL in an 8-week period and collection does not occur more frequently than two times per week. Collection of blood samples by finger, heel or ear stick, or by venipuncture, in other adults or children where the amount of blood drawn may not exceed the lesser of 50 ml or 3 ml/kg in an eight week period and collection does not occur more frequently than two times per week.

3. Prospective collection of biological specimens for research purposes by noninvasive means, such as hair and nail clippings, teeth extracted as routine patient care, excreta and external secretions, saliva, placenta removed at delivery, amniotic fluid obtained

at the time of membrane rupture or during labor, dental plaque and calculus that is not more invasive than routine care, mucosal and skin cells collected by buccal scraping, mouthwashings or swab, and sputum.

4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays and microwaves.

5. Research involving materials, such as data, documents, records or specimens, that have been collected or will be collected solely for nonresearch purposes (e.g. medical treatment or diagnosis).

6. Collection of data from voice, video, digital or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior, or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation or quality assurance methodologies.

5-b. Approval of a NGTMR Research Study with a Waiver of Informed Consent

A minimal risk protocol approved by expedited review can have the requirement for a written informed consent document waived if it meets the following four criteria, as outlined in 32 CFR 219.116(d):

1. The research involves no more than minimal risk to the subjects.

2. The waiver or alteration will not adversely affect the rights and welfare of the subjects.

3. The research could not practicably be carried out without the waiver or alteration.

4. Whenever appropriate, the subjects will be provided with additional information after participation.

If the local IRB has approved a protocol with waiver of informed consent and the study includes use of human anatomical substances, submit a copy of the consent form used to document individuals' consent to use their tissue, blood, or other medical information or records for research purposes.

6. Training for Research Investigators

Research investigators must complete appropriate ethics training in human subjects protection before conducting human subjects research. Documentation of the most recent ethics training must be submitted for all investigators involved in human research activities. In addition, for all investigational drug and device protocols, documentation of successful completion of a course in the conduct of clinical research in accordance with Good Clinical Practices (GCP) must be submitted for all investigators. The most recent ethics training and GCP course must be successfully completed within one year of the planned initiation of the protocol.

7. Compliance with the Health Insurance Privacy and Accountability Act (HIPAA) Privacy Rule

If research will be conducted within a covered entity, or if private health information will be retrieved from a covered entity, then compliance with the HIPAA Privacy Rule must be addressed. A HIPAA authorization for disclosure or documentation that the requirement for authorization has been waived by an IRB or Privacy Board must be provided. Note that HIPAA can apply to research that is exempt from the Common Rule.

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

8. Guidelines for Writing Research Protocols Involving Human Subjects

8-a. Protocol Format

A detailed research protocol must be submitted for human subjects protection review (See Protocol Submission Checklist). In addition, the protocol must be reviewed and approved by the local IRB (the IRB of record) before it can be reviewed by the ORP, and the approval letter from the local IRB indicating the level of risk to subjects must be submitted with the protocol for initial ORP review. The ORP does not insist on use of a standard protocol template, however all elements described below should be addressed within the protocol that is submitted to the local IRB for approval.
Both IND and IDE protocols should follow the format described in the International Conference on Harmonisation (ICH), Consolidated Guideline E6 (www.fda.gov/cder/guidance/959fnl.pdf). Other protocols may follow the ICH Guideline and include applicable paragraphs.

8-b. Required Elements of the Protocol

1. Protocol Title. The protocol title should be the same as the project/proposal title unless multiple protocols are being submitted within one proposal or a detailed explanation is provided for the discrepancy. In a proposal with multiple protocols, the proposal title must be referenced consistently across all protocols.

2. Phase. For medical products regulated by the Food, Drug, and Cosmetic Act, designate the protocol as Phase I, II, III, or IV research.

3. Principal Investigator. List the complete name, address, telephone and fax number, and e-mail address of the PI. Include a copy of the PI's curriculum vitae (CV) with the protocol. List the names of all personnel who will have significant involvement in the research study; include their practice license (e.g., MD or RN), highest degree(s), job title, and employing institution.

4. Location of Study. List all centers, clinics, or laboratories where the study is to be conducted. Include the name, degree(s), title, employing institution, and complete address of the investigator(s) for each site.

5. Time Required to Complete. State the month and year of expected start and completion times.

6. Background. Include a background section that describes the rationale for conducting the study as well as the study's relevance and applicability of findings. Include descriptions of any preliminary studies and findings that led up to the development of the protocol. If the protocol was initiated using other funding prior to obtaining funding managed by USAMRMC, explain the history and evolution of the protocol and declare the source of prior funding. **ORP approval is required prior to continuing enrollment using USAMRMC-managed funds.**

7. Objectives. Provide a detailed description of the purpose and objectives of the study.

8. Study Population.

a. Describe the target population (to whom the study findings will be generalized) and the nature, approximate number, and pertinent demographic characteristics of the accessible population at the study site (population from which the sample will be recruited/drawn). Provide a justification for the selected sample size. Provide power analyses when appropriate.

b. Describe the methods that will be used to obtain a sample of subjects from the accessible population (i.e., convenience, simple random, stratified random) together with the inclusion and exclusion criteria (include age, gender, ethnicity).

c. If pregnant subjects will be excluded from participation in the study, justification for exclusion should be provided. The method used to determine pregnancy status in women of childbearing potential must be specified. Also, state the

time that will elapse between the pregnancy test and exposure to research procedures or medical products and how long the non-pregnant subject should use effective contraceptive practices after participating in the study. Please note that contraceptive practices may be necessary for male subjects participating in certain types of studies. For IND studies, pregnancy testing is required within 48 hours before the start of the study.

9. Protocol Design. Describe the type of study to be performed (i.e. prospective, retrospective, randomized, controlled, etc). Outline the proposed methodology in sufficient detail to show a clear course of action. Technological reliability and validity of procedures should be indicated. **Minimum guidance** for the plan should include:

a. Description of the recruitment process. Describe who will identify potential subjects, who will recruit them, and how they will be recruited. Provide copies of all recruitment and advertisement materials for review.

b. Description of the Informed Consent process. Specifically describe the plan for the informed consent process by stating who will perform the informed consent interview, when the interview will take place relative to the participant beginning study participation and in relation to any stressful situation like being informed he/she has cancer, or in relation to the administration of any mind-altering substances such as tranquilizers, conscious sedation, or anesthesia. Address how privacy and time for decision-making will be provided and whether or not the potential subject will be allowed to discuss the study with anyone before making a decision. Two copies of the consent form should be completed so that the subject can get an original copy and a copy can be kept for the PI's study records. A third copy may be needed for the patient's medical record; check with the participating site for specific study-site requirements.

c. Subject identification. Describe the code system to be used to maintain the confidentiality of subjects.

d. Subject assignment. Describe the randomization process or other procedures used for subject group assignments.

e. Subject Screening Procedures. List and describe any evaluations (e.g., laboratory procedures, history, or physical examination) that are required to determine eligibility/suitability for study participation. Please note that screening procedures may need a separate consent or a two-stage consent process.

f. Data Collection Procedures. Describe all data collection procedures to be used in conducting the study (e.g., laboratory evaluations, specimens to be collected, schedule and amounts, storage to include where and whether special conditions are required, labeling, and disposition). For studies using multiple measures or tests over time, it is helpful to display the data collection schedule in a spreadsheet or tabular format.

g. Clinical assessments. Provide a schedule of clinical evaluations and follow-up procedures. Provide any case report forms, data collection forms, questionnaires, rating scales, and/or interview guides that will be used in the study.

h. Research Interventions. Describe the research intervention or activity that the subject will experience. Provide sufficient detail in chronological order for a person uninvolved in the research to understand what the subject will experience.

i. Data Analysis. Describe the data analysis plan. The data analysis plan should be consistent with the study objectives.

10. Risks/Benefits Assessment.

a. Describe risks (physical [including pain and discomfort, disfigurement, infection, injury, death], psychological, social, economic, legal, and privacy/confidentiality risks]) associated with the research, measures to be taken to minimize and/or eliminate risks or to manage unpreventable risks and special medical or nursing care that will be needed prior to, during, or following participation.

b. Describe benefits of the research to the subject. If there will be no benefits to the subjects, (other than knowing he/she has contributed to science), state this in the protocol and consent form. Potential benefit to others should also be addressed.

NOTE: Payment or compensation for participation is not considered to be a benefit and must be addressed in a separate section.

11. Reporting of serious adverse events and unanticipated problems.

a. Serious adverse events and unanticipated problems can occur in any and all types of studies, not just experimental interventions or clinical trials.

b. Include a definition of what constitutes an adverse event in the study.

c. Describe agencies or offices to be notified with point of contact information in the event of a serious and unexpected adverse event. Include the following language:

"Unanticipated problems involving risk to subjects or others, serious adverse events related to participation in the study and all subject deaths should be promptly reported by phone (301-619-2165), by email (hsrrb@amedd.army.mil), or by facsimile (301-619-7803) to the Army Surgeon General's Human Subjects Research Review Board. A complete written report should follow the initial notification. In addition to the methods above, the complete report can be sent to the U.S. Army Medical Research and Materiel Command, ATTN: MCMR-ZB-PH, 504 Scott Street, Fort Detrick, Maryland 21702-5012"

12. Description of Protocol Drugs or Devices. If the protocol uses an investigational drug or device, provide the following information:

a. IND/IDE number and name of sponsor, if the study is in support of an application to the FDA.

b. Complete names and composition of all medication(s), device(s), or placebo(s).

c. Source of medications, devices, or placebos.

d. Location of storage for study medications.

e. Dose range, schedule, and administration of test articles.

f. Washout period, if used, should be described in detail.

g. Duration of drug or device treatment.

h. Concomitant medications allowed.

i. Antidotes and treatments available.

j. Disposition of unused drug.

k. The procedure by which the IND sponsor will monitor the protocol in accordance with 21 CFR 312.

In addition to the above list of requirements to be included in the protocol, the following additional items need to be submitted:

(1) A copy of the Investigator's Brochure and/or device manual and associated case report/data collection forms. If the study involved the testing of an approved drug for a new indication, provide a copy of the package insert.

(2) A signed Form FDA 1572 for IND Applications filed with the FDA, including the following information (for non-FDA new drug protocols, the following information should be included in the protocol):

(a) Name, address and a statement of the qualifications for each investigator and the name of each sub-investigator working under the PI.

(b) Names and addresses of facilities to be used.

(c) Name and address of each IRB reviewing the protocol.

(3) For Investigational Devices, include your local IRB's assessment of the risk (nonsignificant or significant) of the investigational device you plan to use in your study. If the device poses significant risk to research subjects, specify the IDE number obtained from the FDA, the name of the sponsor, and the procedure by which the sponsor will monitor the protocol in accordance with 21 CFR 812.

13. Disposition of Data. Describe where hard copy and electronic data will be stored, who will keep the data, how the data will be stored and the length of time data will be stored. Note that records of IND studies must be kept until 2 years after a New Drug Application is approved/issued, or for 2 years after the IND is withdrawn. Records required for IDE studies should be retained for 2 years following the date that the investigation is terminated or completed or the date that the records are no longer required for support of the pre-market approval application, whichever is sooner. For studies with minors, most states require keeping records for up to 7 years (dependent on state's statute of limitations) past the subject's age of majority.

14. Modification of the Protocol. Describe the procedures to be followed if the protocol is to be modified, amended, or terminated before completion. Note that any modification to the protocol, consent form and/or questionnaires, including a change to the PI, must be submitted to the local IRB for review and approval and then the ORP for second level review and approval. Address this procedure even if you do not anticipate making any modifications.

15. Departure from the Protocol. Describe procedures and notifications to be made in the event of deviations from the approved protocol to include both the local IRB and the HSRRB.

16. Roles and Responsibilities of Study Personnel. Briefly describe the duties of all study personnel to include each of the persons listed as investigators, research staff, and consultants. Describe their roles in the research effort (e.g., Research Coordinator, 80%, recruit and consent subjects, maintain study records, administer study drug, take and record vital signs, enter data into computer data base).

8-c. Advertisements, Posters, and Press Releases to Recruit Subjects

If subjects will be recruited through an advertisement, newspaper article, or similar process, a copy of the local IRB-approved advertisement must be provided for review and approval by the ORP.

For studies involving investigational drugs or devices, local IRB review of advertisements is necessary to ensure that the information is not misleading to the subjects participating in IND studies. The FDA has established guidelines on advertisements for subjects. General guidance includes name and address of PI, summary of research purpose, brief eligibility criteria, truthful list of benefits, and the person to contact for further information.

8-d. Surveys, Questionnaires, and Other Data Collection Instruments

If the research involves surveys, questionnaires, or other instruments, include a copy of the most recent IRB-approved version of each of these documents with the protocol submission. For each instrument that is used, the following

information at a minimum should be addressed:

a. The instrument should be labeled with the complete title of the study and instructions for completing and returning the instrument. The instructions should state that the subject can refuse to answer specific items without repercussions.

b. The instrument should be related to the objectives of the study.

c. Address whether the instrument is valid and reliable.

d. Provide instructions and order question items so that they are comprehensible and unambiguous.

e. Describe the procedure for confidentiality of hardcopy data or electronic data in the protocol and consent form.

9. Informed Consent Document Requirements

9-a. Required Elements of the Informed Consent Document

The format of the informed consent document may vary in accordance with the requirements of the local IRB. However, the informed consent document title must be the same as the protocol title. (A short lay language title may be used to increase readability, provided the complete title appears in the header and footer.) The following information is required for informed consent documents (32 CFR 219.116):

a. A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures that are experimental.

b. A description of any reasonably foreseeable risks or discomforts to the subject.

c. A description of any benefits to the subject or to others that may reasonably be expected from the research.

d. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

e. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. For example, describe procedures that will be followed to maintain the subject's privacy and confidentiality, how the identifying information or specimens will be stored and for how long. Also describe who will have access to the identifying data.

f. The name and contact information for someone to contact (a) about the research, (b) about research subjects' rights, and (c) about a possible research-related injury.

g. A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

9-b. Additional Elements of the Informed Consent Document

When appropriate, one or more of the following elements of information shall also be provided to each subject (32 CFR 219.116 and applicable state/local laws):

a. A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) that are currently unforeseeable.

b. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.

c. Any additional costs to the subject that may result from participation in the research.

d. The consequences of a subject's decision to withdraw from the research and procedures that a subject can follow to terminate their participation in an orderly manner.

e. A statement that significant new findings developed during the course of the research will be provided to the subject so that they can decide whether to continue to participate.

f. The approximate number of subjects involved in the study.

g. Documentation of consent for human immunodeficiency virus (HIV) antibody testing, if scheduled, may be addressed in the body of the consent form or as separate HIV test consent form. Documentation should address any notifications required by state or local laws as well as any specific issues regarding confidentiality of positive test results.

h. The signature block of the consent form should include a signature line for the subject or legally authorized representative and lines for the permanent address of the subject.

10. Protocol Modifications and Amendments

As a second level review entity, the ORP continues to monitor protocols after the initial approval notification. All modifications to the protocol, consent form and/or study materials must be submitted to the ORP for review and approval prior to implementation. A list of proposed modifications or amendments to the protocol and an explanation of the need for these modifications should be submitted, along with a revised protocol incorporating the modifications. The level of review required for approval depends on the nature of the modifications.

11. Continuing Review and Final Reports

All continuing review reports and the final report approved by the local IRB must be submitted to the ORP. A continuing review of the protocol must be completed by the local IRB at least once each year for the duration of the study. Continuing review reports should include the following: the number of subjects accrued; a description of any adverse events or unanticipated problems involving risks to subjects or others and of any withdrawal of subjects from the research or complaints about the research; a summary of any recent literature, findings obtained thus far, amendments or modifications to the research since the last review, reports of multi-center trials and any other relevant information, especially information about the risks associated with the research; and a copy of the current informed consent document.

12. Serious or Unexpected Adverse Event and Unanticipated Problems Reports

Include in the initial report the name of the person submitting the report, if different from the PI, name of the study, the number of subjects enrolled to date, and the number and type of serious and unexpected adverse events and unanticipated problems previously reported in the study.

If the adverse event occurs in an IND study, the initial report should be identified as the "Initial Report for Subject (# or initials) enrolled in the clinical study Title under IND #."

The following information must be provided:

(1) Description of Study. Double or single blind. If the study is being conducted in phases, indicate what phase of the study the subject is participating in.

(2) Number of subjects enrolled. Total number of subjects enrolled at the time of the adverse event.

(3) Synopsis of event. Provide a complete narrative of the event.

(4) Subject status. Did the subject recover? What was the patient status at the time of the report?

(5) Other serious and unexpected adverse events from this study. Please provide any information pertaining to other adverse events that may have occurred during the conduct of this study.

(6) Most frequently expected adverse events based on the nature of the study or product. What adverse events would you expect to see based on information contained in the protocol, and for INDs, the most current version of the Investigator's Brochure.

(7) Actions taken in response to the adverse event. Is the subject still enrolled in the study or not? Were any modifications or changes made to the protocol in response to the event? Provide an assessment of the relationship of the adverse event/s to the subject's participation in the study.

(8) Submit identification information for the individual completing the report. Include the signature, printed name and role identification for the study (i.e., investigator, study physician, etc.)

13. Assurances

If an institution has a current Multiple Project Assurance (MPA) or Federalwide Assurance (FWA) with the DHHS Office for Human Research Protections, submit a letter with the following protocol information: (a) Assurance number, (b) risk level that the IRB classified the protocol (no greater than minimal risk or greater than minimal risk), (c) date of IRB approval, and (d) next continuing review date. This letter must be on official, institutional letterhead stationary and signed by the chairperson of the IRB that approved the protocol.

If the institution does not have a current MPA or FWA with the DHHS Office for Human Research Protections, a FWA may be obtained. Alternatively, a written Single Project Assurance of Compliance may be applied for with the USAMRMC Office of Research Protections. The obligation to obtain an assurance can be found in 32 CFR 219.103. Please go to the ORP website for applications and additional information regarding assurances (https://mrmc.detrick.army.mil/crprcqhspd.asp).

14. Inclusion of Women and Minorities in Research

Consistent with the Belmont Report and recent congressional legislation, special attention is given to inclusion of women and minorities in research funded or managed by the USAMRMC. This policy is intended to promote equity both in assuming the burdens and in receiving the benefits of human subjects research. If women and/or minorities will be excluded from the protocol, a justification must be included.

15. Where to Go for Help and Information

If your research involves human subjects, you should first contact your local IRB for institutional requirements. If you have questions regarding the HSRRB protocol and consent form requirements or the review and approval process, contact the Human Research Protections Office at the address or phone number listed below.

Phone: 301-619-6987
Mail: Commanding General, U.S. Army Medical Research and Materiel Command
ATTN: MCMR-ZB-P
504 Scott Street
Fort Detrick MD 21702-5012

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

References:

- Title 32 Code of Federal Regulation, Part 219, Protection of Human Subjects
- Title 21 Code of Federal Regulation, Part 50, Protection of Human Subjects
- Title 21 Code of Federal Regulation, Part 56, Institutional Review Boards
- Title 21 Code of Federal Regulation, Part 312, Investigational New Drug Application
- Title 21 Code of Federal Regulation, Part 812, Investigational Devices
- Title 45 Code of Federal Regulation, Part 46, Subparts A, B, C, and D, Protection of Human Subjects

Code of Federal Regulations is located at www.gpoaccess.gov/cfr

International Conference on Harmonisation, Good Clinical Practice, Consolidated Guideline is located at www.fda.gov/cder/guidance/959fnl.pdf; all other ICH guidelines can be found in the ICH home page located at www.ifpma.org/

Copies of the preceding references can be obtained from either the U.S. Government Printing Office or the National Technical Information Service at:

Phone: 202-512-1800 Web Site: www.gpoaccess.gov

Mail: Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

Phone: 703-605-6000; 800-553-NTIS E-mail: orders@ntis.fedworld.gov

Mail: National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

16. Claim of Exemption Form

PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR'S NAME:	PROPOSAL NO:
INSTITUTION:	

1. Will existing or archived data, documents, medical records, or database records be used? Yes No

2. Will existing biological specimens (e.g., cells, tissues, blood) be used? Yes No

3. Indicate below the sources of existing or archived data or biological specimens or cell lines (e.g., cell lines purchased from ATCC). Attach additional pages as necessary.

_____

_____

4. Will the donors of the original biological specimens be able to be identified, directly or indirectly, through identifiers linked to the donor? Yes No

5. Will data with identifiers be recorded in writing? Yes No

6. Will data be recorded by audiotape? Yes No

7. Will data be recorded by videotape? Yes No

8. If survey instruments are used, will sensitive or private topics be explored? Yes No

9. Will subjects be identifiable either by name or through demographic data? Yes No

If the answer to any question 4-9 is yes, describe on a separate sheet of paper how the confidentiality of a subject's identity will be maintained. Also describe plans for maintaining or destroying identifying links to subjects after the protocol has been completed.

_____

Principal Investigator's Signature Date

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

17. Protocol Submission Checklist

PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR'S NAME:	PROPOSAL NO:
INSTITUTION:	

Requirement for All Protocols as Appropriate:

___ Research Protocol

___ Consent Form(s)

___ Curriculum Vitae or Biosketch for Principal Investigator and Medical Monitor

___ Documentation of the most current ethics training for all research staff

___ Scientific Review/Peer Review Approval(s)

___ Letter from the IRB Chairperson with the following protocol information: (a) MPA or FWA number, (b) risk level that the IRB classified the protocol (exempt, NGTMR, GTMR), (c) date of IRB approval, (d) next continuing review date, and (e) risk for medical devices (nonsignificant risk or significant risk).

___ Recruitment materials including advertisements, posters, and announcements, recruitment letters phone scripts.

___ Case report form(s), data collection/recording form(s), questionnaires, interview guides, etc.

___ Radiation Control Committee/Biosafety Review Report

___ **If potential commercial use of sample(s) or future use of sample(s) in other studies, a** Sample Donation is required to be in the consent form.

Additional Requirements for IND Protocols:

___ Documentation of the Investigator's most recent GCP training

___ Document specifying IND Number

___ Investigator's Brochure

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

Protocol Submission Checklist (cont.)

Additional Requirements for Medical Device Protocols:

___ Documentation of the Investigator's most recent GCP training

___ Document from manufacturer declaring level of risk for device (non-significant risk or significant risk) and IDE form

___ Document specifying IDE Number

___ Manufacturer's device manual/ device information

What type of study is proposed? (i.e., Phase I trial, pilot study, laboratory experiment, intervention, survey/record review, longitudinal, retrospective, etc.)

_____

What procedures will be performed? (Administration of experimental drug, collection of biological specimens, diagnostic procedures, procedures involving radiation or radioactive materials, etc.)

_____

Drug (s) to be used: _____ Drug Type _____

_____ _____

_____ _____

Human Subject Information:

Age range of subjects**:** _____ Subject Gender: ___Male ___Female

Total number of subjects expected to be enrolled: _____

Total number of subjects at each collaborating site: _____

Are subjects able to provide their own consent? ___Yes ___No

Vulnerable Subject Class: ___Prisoners ___Minorities ___HIV positive ___Psychologically impaired ___Impaired decision-making ___Psychiatric patient ___Military __Employee/Student ___Trauma

Subject Recruitment: ___Paid volunteers ___Out-patients ___Students/employees ___In-patients

_____

Principal Investigator's Signature

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

18. Exempt Protocol Checklist

NOTE: All proposals must contain (1) a detailed proposal or protocol (if essentially the same) or a detailed protocol if different from the proposal, (2) Scientific Review/Peer Review, and (3) Curriculum Vitae (CV) of the Principal Investigator (PI) or a Bio-Sketch.

*** Exempt Protocol Checklist:**	Yes	No	N/A
Human Anatomical Substances Used			
REQUIRED Claim of Exemption form	☐	☐	☐
REQUIRED Local IRB Letter of Exemption	☐	☐	☐
or			
Optional form 310 (Signed by IRB Chair or designee)	☐	☐	☐
Supporting Letters of Collaboration/Agreement from Human Anatomical Substance Repositories indicating what personal identifying information, if any, will be used.	☐	☐	☐
If applicable, Standard Consent Form for the use of donated tissues for research	☐	☐	☐
Educational Practices/Tests/Surveys Used			
REQUIRED Claim of Exemption form	☐	☐	☐
REQUIRED Local IRB Letter of Exemption	☐	☐	☐
or Optional form 310 (Signed by IRB Chair or designee)	☐	☐	☐
Supporting Letters of Collaboration/Agreement From Educational Agency/ies	☐	☐	☐
Copies of all written tests, interview questions, Surveys, and/or data collection instruments	☐	☐	☐
Existing Data/Documents/Records Used			
REQUIRED Claim of Exemption form	☐	☐	☐
REQUIRED Local IRB Letter of Exemption	☐	☐	☐
or Optional form 310 (Signed by IRB Chair or designee)	☐	☐	☐
Supporting Letters of Collaboration/Agreement from Agencies that maintain the Data/Documents/ Records indicating what personal identifying Information, if any, will be used.	☐	☐	☐
Data Collection Procedures to include instruments	☐	☐	☐

* Based on the scope of the project, other documents may be requested or required.

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APPENDIX 10 - RESEARCH INVOLVING ANIMALS

Department of Homeland Security

Research Proposal Instructions

Required Format for the 'Research Involving Animals' Appendix

27 January 2004

1. Introduction: The Department of Homeland Security (DHS) definition of animal is*: "Any live nonhuman vertebrate"*. Institutions funded by the DHS using animals in support of programs to conduct research, product development, testing and training projects must provide all information outlined in this appendix to their DHS program manager for review and approval. The information requested below in paragraphs 2 through 16 must be provided in an appendix titled "Research Involving Animals" and attached to the research proposal. This requirement also applies to all subcontractors using animals in support of DHS funded projects or programs.

Questions concerning animal use and review should be directed to the Animal Care and Use Review Office:

Phone: 301-619-6694

Fax: 301-619-4165

Mail: U.S. Army Medical Research and Materiel Command
ATTN: MCMR-ZB-PA
504 Scott Street
Fort Detrick, MD 21702-5012

2. Experimental Design:

Describe the scientific plan and study objectives. Describe the experimental design of the project in a narrative or table summarizing the experimental groups and their flow through the study. Describe the experimental design of each experiment separately if several experiments or sequential studies are included in the proposal.

3. Justification for Using Animals:

Provide a justification for using animals in the proposed research. State alternatives to animal use that you considered and explain why these alternatives cannot be used to obtain the research objectives (e.g., computer modeling, cell cultures).

4. Identification of Species Used and Rationale for Using These Specific Animals:

Provide the species name of the animals used in this study. State the strain or stock if mice, rats, or guinea pigs are used. State the breed if dogs, cats, or rabbits are used. Provide a justification for using this particular animal model to include a discussion of the unique morphological and physiological characteristics that make it the best choice for this project.

5. Rationale for the Number of Animals Required:

List the total number of animals used in this proposal and the size of the experimental groups. Include animals necessary for controls, technique development, expected losses, etc. Describe the statistical methodology used to determine that at least the minimum number of animals are used to obtain valid scientific results. If applicable, state the appropriate federal regulation or policy that requires specific group sizes and total number of animals to be used in an experiment or test.

6. Number of Animals Used: The USDA definition of painful procedure is: *"any procedure that would reasonably be expected to cause more than slight or momentary pain and/or distress in a human being to which that procedure is applied."* Using the USDA definition of painful procedure as stated above:

a. State the common names and number of animals by species that will experience no more than slight or momentary pain or distress.

b. State the common names and numbers of animals by species that will experience pain or distress that **will be relieved** with anesthetics and/or analgesics.

c. State the common names and numbers of animals by species that will experience pain or distress that **will not be relieved** with anesthetics and/or analgesics.

7. Alternatives to Painful Procedures:

Provide a narrative description of the methods and sources the Principal Investigator used to determine that alternatives were not available to the painful/distressful procedure or procedures used in the experiment (animals categorized in paragraph 6c above), including those procedures in which pain/distress is alleviated (animals categorized in paragraph 6b above). If a database search is the primary means of meeting this requirement, the narrative must include: databases searched, date of the search; years covered by the search; and key words and/or search strategy used. If consultants are the primary source of information used to determine that appropriate alternatives are not available, provide the consultant's name, qualifications, and date and content of the consult. If federal law or policy directs the specific testing procedures and prohibits alternative testing methods, list the applicable federal law or policy.

8. Anesthesia/Analgesia/Tranquilization:

Describe the methods or strategies planned to effectively relieve pain and distress. If drugs are used for anesthesia, analgesia or tranquilization, list the drug's: name, dosage, frequency, route, and anatomical site of administration. Provide the observation criteria utilized to determine if the animals are experiencing pain and/or distress. Provide justification for using the following agents or procedures if they are used in the proposal: neonatal hypothermia, chloral hydrate, alpha-chloralose, ether or urethane. Provide an explanation for withholding anesthetic/analgesic agents from animals that will experience a painful or distressful procedure yet not receive anesthesia or analgesia.

9. Technical Methods (Animal Procedures):

State frequency of animal observation once experimental procedures start and describe the health status assessment criteria. Provide a complete description of all procedures the animals will experience to include:

a. surgical procedures.

b. biosamples: state frequency, volume, harvest site, and collection method.

c. adjuvants: if using Complete Freund's Adjuvant and/or *in vivo* production of monoclonal antibodies, provide a scientific justification and state what alternatives you considered and why they were not used.

d. tissue sampling for DNA analysis: indicate age of sampling, amount of tissue taken, anesthetic use.

e. injections: list agent, dosage, route, and anatomical site of administration.

f. prolonged restraint: include justification for its use.

g. food or water restriction: include justification for its use.

h. multiple major survival surgeries on the same animal: provide justification for its use.

10. Investigator Qualifications:

List by name, all personnel working with animals under this proposal and all procedures, manipulations and observations each individual will perform. Provide each individual's training, experience, and qualifications to perform these duties (e.g., surgery, euthanasia, pre- and post-operative care, injections, phlebotomy, restraint).

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Training citations should include all institutional courses attended to comply with Section 2.32 of the USDA Animal Welfare Regulations; e.g., training on humane animal care and use procedures; the 3 R's; use of anesthetics, analgesics, and tranquilizers; reporting violations of animal care and treatment standards; and availability of animal care and use information resources.

11. Study Endpoint:

State the projected study endpoint for the animals (e.g., recovery, euthanasia). Define specific health assessment criteria used to determine early study endpoints and/or indication for euthanasia (e.g., percentage of weight loss, tumor size, number of abdominal taps, abdominal distention, anorexia, decreased activity, ruffled fur, moribundity).

12. Euthanasia or Final Disposition:

Describe the method of euthanasia by agent, dosage, route, and anatomical site of administration. State the final disposition of the animals if they are not euthanized. If administration of carbon dioxide is the proposed method of euthanasia, indicate how death will be confirmed.

13. Literature Search to Prevent Unnecessary Duplication:

Provide the following information describing your database search to ensure this proposal is not duplicating previous experiments: databases searched, keywords or search strategy used, period of search, and date search was performed. At least one of the following databases must be searched: Computer Retrieval of Information of Scientific Projects (CRISP) at http://www.crisp.cit.nih.gov/ or the Federal Research in Progress (FEDRIP) at http://grc.ntis.gov. Additional searches in databases specific to the area of research performed in the proposal are recommended.

14. Institutional Animal Care and Use Committee(s) (IACUC) Approval(s):

Provide documentation of IACUC protocol review and approval in the form of a letter signed by the IACUC chair or IACUC administrator of the facility where the animal research is performed to include all subcontracted facilities where the animal research is performed. The letter(s) must be on institutional stationery. Evidence of IACUC review and approval may follow proposal submission, but must be provided prior to DHS approval of the proposed animal research.

15. U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service Animal Care Inspection Report:

Include a copy of the most recent annual USDA Facility Inspection Report from all the USDA registered research facilities where the proposed animal research will be conducted. This requirement applies to all subcontracted animal research facilities, also.

16. Accreditation:

Provide the following documents for each facility where the animal research will be conducted, if applicable:

a. A copy of an Association for Assessment and Accreditation of Laboratory Animal Care, International (AAALAC) letter confirming the institution's accreditation.

b. A copy of a current Institutional Animal Welfare Assurance, approved by the Office of Laboratory Animal Welfare, stating compliance with the "Public Health Service Policy on Humane Care and Use of Laboratory Animals."

c. In the event that items 16.a and 16.b do not apply to your institution, provide a statement signed by the Institutional Official that the care and use of animals will be performed according to the current National Research Council "Guide for the Care and Use of Laboratory Animals" and applicable Federal regulations.

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17. Principal Investigator Assurances:

Federal law requires several written assurances from the Principal Investigator. Please read and sign the assurances as indicated below (this page may be photocopied and signed).

As the Principal Investigator on this protocol, I acknowledge my responsibilities and provide assurances for the following:

A. Painful Procedures: I assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research and that analgesic, anesthetic, and/or tranquilizing drugs will be used where indicated and appropriate to minimize pain and/or distress to animals.

B. Animal Use: The animals authorized for use in this protocol will be used only in the activities and in the manner described herein, unless a modification is specifically approved by the IACUC and the U.S. Department of Homeland Security prior to its implementation.

C. Duplication of Effort: I have made a reasonable, good faith effort to ensure that this protocol is not an unnecessary duplication of previous experiments.

D. Statistical Assurance: I assure that I have consulted with a qualified individual who evaluated the experimental design with respect to the statistical analysis, and that the minimum number of animals needed for scientific validity will be used.

E. Training: I verify that the personnel performing the animal procedures/manipulations/observations described in this protocol are technically competent and have been properly trained to ensure that no unnecessary pain or distress will be caused to the animals as a result of the procedures/manipulations.

F. Responsibility: I acknowledge the inherent moral, ethical and administrative obligations associated with the performance of this animal use protocol, and I assure that all individuals associated with this project will demonstrate a concern for the health, comfort, welfare, and well-being of the research animals. Additionally, I pledge to implement animal use alternatives where feasible, and conduct humane and lawful research.

G. Scientific Review: This proposed animal use protocol has received appropriate peer scientific review, and is consistent with good scientific research practice.

(Principal Investigator Printed Name) (Principal Investigator Signature and Date)

APPENDIX 11 - SAFETY PROGRAM PLAN

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APPENDIX 11 - SAFETY PROGRAM PLAN

1. Introduction

This appendix contains a description of the requirements, forms, approvals and assurances relating to safety in the research environment. To ease the burden of submitting general institution safety program information with each proposal, the USAMRMC has developed a Facility Safety Plan program. If you have any questions concerning this appendix, please contact Ms. Cavelle Williams of the USAMRMC Safety Office at 301-619-6035 or email at Cavelle.Williams@det.amedd.army.mil.

A Facility Safety Plan is a 2-10 page document that summarizes the institutions safety program. **Approval of the Facility Safety Plan is granted on an institution basis rather than on a proposal basis.** The Facility Safety Plan shall be institution-based, consist of six parts as outlined the **Facility Safety Plan**, part 2 of this appendix, and be prepared by the Facility Safety Director/Manager of the institution. Each institution is required to submit only one Facility Safety Plan. An institution with multiple research sites, subcontractor or a consortium must submit a separate Facility Safety Plan for each research site. The Facility Safety Plan submission for each site will include signed assurances from both the Facility Safety Manager and Principal Investigator Assurance (part 2F of this appendix).

Facility Safety Plan approvals are granted for a 5-year period with annual updates required (part 4 of this appendix). To determine if your organization has an approved Facility Safety Plan, check our website listing at: https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp

a. If your organization's name **appears** on this Institutional Facility Safety Plan listing **and** approval of the Facility Safety Plan has not expired, then your institution's Facility Safety Plan need not be sent with the proposal submittal.

b. If either your organization's name **does not appear** on this Institutional Facility Safety Plan listing **or** the approval of your institution's Facility Safety Plan has expired, your Facility Safety Manager/Director must provide the U.S. Army Medical Research and Materiel Command's (USAMRMC's) Safety Office with a Facility Safety Plan and a signed assurance, as outlined below (part 2 of this appendix).

2. Facility Safety Plan (Institution-Based)

The Facility Safety Director/Manager must provide information from the institutional perspective, as appropriate, for each of the six parts listed below. **This Facility Safety Plan should not reference the specific proposal**. A list of the first five components with a brief description of each is acceptable. **Do not send** institution safety manuals, although they may be referenced in your submission (a web site address is also acceptable). **Do not label** "Not Applicable" or "N/A." Each element shown below of the Facility Safety Plan should be addressed by providing a statement as it applies to your institution as a whole. **Example:** (see Radioactive Materials, part c) If your institution does not use Radioactive Materials and does not have a copy of the Nuclear Regulatory Commission (NRC), state-approved license, or the equivalent in cases of institutions outside the continental US then provide a statement to that effect.

a. Research Operations/Standard Operating Procedures (SOPs)

Provide a brief description of the safety procedures relating to the medical research operation of the facility. These should include (a) a description of any special skills, training and SOPs that assure safe research operations (Bio-Safety Committee, Radiation Committee, HAZCOM, Blood-borne Pathogens, Chemical Hygiene Plan, etc.) and (b) a description of medical surveillance and support.

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b. Facility Equipment and Description (Related to the Research Environment)

Provide (a) a description of the facility; (b) a description of personal protective equipment used within the facility; and a list of specialized safety equipment such as bio-safety cabinets, hoods, exhausts, and ventilation systems.

c. Radioactive Materials

Provide a current copy of the Nuclear Regulatory Commission or state-approved license.

d. Hazard Analysis (Related to the Research Environment)

Provide a description of each hazard identified, the hazard analysis performed based on maximum credible event and the plan to minimize or eliminate each hazard and control risk to laboratory personnel.

e. Biological Defense Research Program Requirements

(Only applicable to the Biological Defense Research Program funded awards)

For those institutions where Principal Investigators are supported by the USAMRMC and are conducting research with **Bio-safety Levels 3 and 4** material, a Facility Safety Plan must be prepared in accordance with 32 Code of Federal Regulations (CFR) 626.18. See the following URL: http://www.access.gpo.gov/nara/cfr/waisidx_99/32cfr626_99.html for a copy of the 32 CFR 626.18, Biological Defense Safety Program.

f. Facility Safety Director/Manager Assurance

The Facility Safety Director/Manager must provide the following signed assurance:

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Facility Safety Director/Manager Assurance

- **I assure that this institution has an existing institutional safety and occupational health program that meets appropriate Federal, Sate, and local regulations as required by law, as well as the National Institute of Health Guidelines for Research Involving DNA Molecules, dated Jan 2001.**
- I assure that all hazards associated with the research laboratories have been identified, eliminated and/or controlled in such a manner as to provide for a safe research laboratory environment.
- I accept full responsibility for submitting the annual **Facility Safety Plan Status Report** including significant changes in facility, safety equipment, and safety procedures by fax to 301-619-6627, by e-mail to Cavelle.Williams@det.amedd.army.mil, by mail to Commanding General, U.S. Army Medical Research and Materiel Command, ATTN: MCMR-ZC-S, 504 Scott Street, Fort Detrick, MD 21702-5012.
- I assure that I have consulted with all current PI's holding USAMRMC awards concerning this institution's safety policies and procedures and will consult with all future PI's holding USAMRMC awards concerning this institution' s safety policies and procedures.

_____

Name of Institution's Safety Director/Manager (print)

_____ _____

Signature Date

Mailing Address: _____

Street

_____

City State Zip Code

Phone Number: _____

Fax: _____

E-mail Address: _____

Web Site: _____

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Principal Investigator Assurance

- I assure that I have involved the Facility Safety Director/Manager in the planning of this research proposal, discussed with him/her all aspects of the proposal that relate to occupational health and safety, and will help him/her prepare the annual Facility Safety Plan Status Report.
- I assure that I will comply with my institution' s safety program and its requirements.
- I understand that I am directly responsible for all aspects of safety and occupational health specific to my research protocol.
- I assure that I will report to the Facility Safety Director/Manager any changes in the safety or occupational health practices due to changes in my originally planned research.
- I assure that hazards associated with my research have been identified, eliminated and/or controlled.
- I assure that all Safety Plan requirements are in compliance with 32 CFR 626 and 627, "Biological Defense Safety Program and Biological Defense Safety Program, Technical Safety Requirements" *(if applicable)*.

_____
Name of Principal Investigator (print)

_____ _____
Signature Date

Mailing Address: _____
Street

_____
City State Zip Code

Phone Number: _____

Fax: _____

E-mail Address: _____

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3. Facility Safety Plan Status Report

A Facility Safety Plan Status Report must be submitted **annually** starting no later than 1 year **after** obtaining the initial approval of the institution's Facility Safety Plan. To determine if your organization has an approved Facility Safety Plan, check our website listing at https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp

The Facility Safety Director/Manager must provide a brief description of any parts of the Facility Safety Plan that may have changed during the past 12 months. (Additional pages may be attached.)

During the past 12 months:

1. Have any change(s) in Research Operation Safety Procedure(s) been made?

   Yes _____ No _____
   If yes, briefly describe:

2. Have any modifications to the facility, equipment and description (e.g., new equipment purchased, hood ventilation certification) been made?

   Yes _____ No _____
   If yes, briefly describe:

3. Hazard Analysis: Have any new hazards been identified for any of the awards supported by the USAMRMC?

   Yes _____ No _____
   If yes, provide a hazard analysis for each new hazard.

4. Radioactive Materials: Have any significant change(s) occurred in the use of the radioactive materials?

   Yes _____ No _____
   If yes, briefly describe:

   Are there any additional radioactive materials in use?

   Yes _____ No _____
   If yes, list additional material(s).

   Is the radioactive material licensure current?

   Yes _____ No _____
   If no, please explain.

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I certify that all of the above elements are true and correct to the best of my knowledge, and I assure that this institution provides a safe environment for its employees working in research laboratories in accordance with Federal, State and local government regulations. This safety office provides employee safety training and periodic laboratory inspections in an effort to minimize, eliminate or control potential hazards to the employees and the public.

I understand that the Safety Office, USAMRMC, may conduct periodic site visits in order to ensure the indicated elements are in compliance with regulatory requirements.

Name of the Institution: _____

Name of Safety Director/Manager: _____

Signature: _____ Date: _____
Safety Director/Manager

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Facility Safety Plan approved by USAMRMC Safety Office: _____ Date _____

4. Change of Principal Investigator or Institution

a. Change of Principal Investigator: In the event that the Principal Investigator changes, the new Principal Investigator shall complete a Newly Appointed Principal Investigator Assurance form (see **Newly Appointed - Principal Investigator Assurance**)

b. Change of Institution: In the event that an institution involved in this proposal changes, the new institution shall have an approved Facility Safety Plan on file at the USAMRMC Safety Office. To determine if your organization has an approved Facility Safety Plan, check our website listing at https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp . If it is determined that a Facility Safety Plan needs to be submitted for approval, follow the guidelines set in part 2 of this appendix.

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Newly Appointed - Principal Investigator Assurance

- I assure that I have coordinated with the Facility Safety Director/Manager in the research, and have discussed with him/her all aspects of the research-related specific safety issues, and will help him/her prepare the annual Facility Safety Plan Status Report.
- I assure that I will comply with my institution's safety program and its requirements.
- I understand that I am directly responsible for all aspects of safety and occupational health specific to my research protocol.
- I assure that I will report to the Facility Safety Director/Manager any changes in the safety or occupational health practices due to changes in my originally planned research.
- I assure that hazards associated with my research have been identified, eliminated and/or controlled.
- I assure that all safety requirements are in compliance with 32 CFR 626 and 627, "Biological Defense Safety Program and Biological Defense Safety Program, Technical Safety Requirements" *(if applicable)*.

_____
Name of Principal Investigator (print)

_____ _____
Signature Date

Mailing Address: _____
Street

_____
City State Zip Code

Phone Number: _____

Fax: _____

E-mail Address: _____